A Guide to Claiming Prevention and Early Intervention (PEI) & Evidence-Based Practice (EBP) Services

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INTRODUCTION

Background

The Los Angeles County Department of Mental Health (LAC-DMH) **Guidelines for Claiming Prevention and Early Intervention (PEI) Programs** is a reference tool designed to assist directly-operated and contracted mental health providers when claiming mental health services and supports through the respective Prevention and Early Intervention plans.

The PEI Plan of the Mental Health Services Act (MHSA) was developed through a large countywide stakeholder process and was adopted in 2009. The Los Angeles County PEI Claiming Workgroup formed in 2010 and met for a period of 18 months. Its purpose was to advise the Department regarding claiming for services provided under the PEI Plan. Members of the PEI Claiming Workgroup included the Department's age group leads (Children, Transition Age Youth, Adults, and Older Adults), the Department's Standards and Quality Assurance Division, and the Department's MHSA Implementation Team. Its role was to provide guidance and lend expertise toward the development of guidelines for the claiming of the various services and supports provided through the County's PEI Plan. The result is the attached document, which will serve as a recommended guide for the claiming of PEI mental health services and supports for LAC-DMH directly-operated and contracted providers.

Purpose

This document is meant to serve as a guide for LAC-DMH's directly-operated and contracted providers for the claiming of mental health services and supports provided through the County's PEI Plan. With respect to the information provided in these guidelines, the LAC-DMH does not assume any legal liability or responsibility for the accuracy, completeness, clinical efficacy or value of the implementation of any such information described or referenced in this document. Each LAC-DMH legal entity and contracted provider is fully responsible for ensuring the accuracy, completeness, clinical efficacy or value of their own claims to mental health services and supports that they provide through the PEI plan.

GENERAL CLINICAL RECORD GUIDELINES

For general guidelines related to the organization and contents of the clinical record, LAC-DMH Directly-Operated Providers and Contractor Providers may refer to **DMH Policy No. 104.8 and No. 104.9**. These policies are on the DMH Website and may be accessed through the following links:

● DMH Directly-Operated Providers:
DMH INTRANET - http://dmhhqportal1/sites/DMHPAP

● DMH Contractor Providers:
DMH INTERNET - http://LAC-DMH.lacounty.gov/policy/Contractors

GENERAL DOCUMENTATION GUIDELINES

DMH Directly-Operated Providers must adhere to and DMH Contract Providers are recommended to adhere to the general documentation guidelines set forth in **DMH Policy No. 104.8.** Below is a list, non-inclusive, of these guidelines and important information about them:

1. **Timeliness of documentation** –
    - For services that require documentation for each contact or daily notes, DMH policy requires that the documentation be completed by the close of the next business day following the delivery of the service.

2. **Notes must be legible**.
    - Notes that are not legible are not reimbursable.
    - The use of white-out is not permitted.
    - When a mistake has been made in an entry, put a single line through it and write “Mistaken Entry” and date and sign.

3. **References to other clients in a client’s record**
    - May only be by first name or name initials.
    - If abbreviations are used**,** they shall be standard, industry- accepted abbreviations.

4. **For out of sequence documentation,**
    - the date of service appears in the left hand column, and
    - the chart note begins with, “Late Entry. Note written on [insert date].”

MEDI-CAL REIMBURSEMENT RULES

ALL current regulations and requirements of Medi-Cal apply to MHSA PEI services. Rules of Medi-Cal do not change because of PEI funding. The following is a list of Medi-Cal reimbursement rules and key points applicable to one or more mode of services:

1. **Every claim must be supported by a note that must be present in the clinical record prior to the submission of the claim**.

2. **All covered services must be provided under the direction of:**
   a physician; a licensed/waivered psychologist, clinical social worker, or a marriage and family therapist; or a registered nurse.

   - Examples of services direction include, but are not limited to:
     - being the person providing the service;
     - acting as a clinical team leader;
     - direct or functional supervision of service delivery; or
     - approval of Client Care/Coordination Plans.

   - The person providing direction is not required to be physically present at the service site to exercise direction.

3. **Services shall be provided within the staff person's scope of practice and his/her employers' job description/responsibility**.
   - The local mental health director shall be responsible for assuring that services provided are commensurate with the professionalism and experience of the staff utilized.

4. **The time required for documentation and travel must be linked to the delivery of the reimbursable service**.

5. **Coordination of services may be claimed**
   - Under Mental Health Services, Medication Support or Targeted Case Management as a "plan development" service activity.

EXAMPLES OF MEDI-CAL CLAIMABLE SERVICES

1. Collateral contact with significant support persons in relation to the mental health needs of the client
2. Follow-up phone contact
3. Plan development
4. Psychoeducation
5. Administration of symptom scales for clinical purposes, such as assessing and monitoring client's symptoms and treatment progress, and guiding treatment planning
6. Letters written on behalf of clients that include treatment plan goals/objectives, progress, diagnosis, or other clinical information – show how the letter will benefit the client
7. Clinical Discharge Summary - only when completed in accordance with **DMH Policy No. 104.5 – Closing of Service Episodes**, which is available on the DMH Website and may be accessed through the following links:
   ●DMH INTRANET: http://dmhhqportal1/sites/DMHPAP
   ●DMH INTERNET: http://LAC-DMH.lacounty.gov/policy/Contractors

EXAMPLES OF MEDI-CAL NON-REIMBURSABLE ACTIVITIES

The following activities are not reimbursable by Medi-Cal. If any one of these activities is completed during a claimable/reimbursable service, LAC-DMH suggests completing two separate Progress Notes – one for the claimable/reimbursable service and one for the non-reimbursable activity (making a notation that it is "not claimable").

1. Missed Appointments
2. Documentation in clinical record regarding missed appointment
3. Travel time when no claimable service is provided
4. Supervision
5. Administration of outcome measures for research purposes, such as submitting or analyzing results to measure the EBP treatment efficacy.
6. Inputting of data (e.g., symptom scale scores) into an EBP developer's 'treatment progress monitoring website'
7. Leaving a note on a door
8. Scheduling or re-scheduling an appointment
9. Phone calls to remind clients of appointments including leaving a message on an answering machine
10. Clerical activities (faxing, copying, mailing, and other clerical duties)
11. Transportation services
12. Home or personal care services performed for the client
13. Conservatorship investigations
14. Scoring of testing materials
15. Computer search time
16. Consultation with the developer of a treatment practice/protocol
17. Administrative Discharge Summary

EXAMPLES OF NON-CLAIMABLE SERVICES TO MHSA PEI

1. Community Outreach Services (COS)
2. Providing an Evidence-Based Practice (EBP) intervention to the non-PEI population

EXAMPLES OF MEDI-CAL REIMBURSABLE & NON-REIMBURSABLE ACTIVITIES

Vocational Examples:

REIMBURSABLE

- Assisting the client to consider how the boss' criticism affects him/her and strategies for handling the situation **is** reimbursable no matter where the service is delivered.

- Responding to the employer's call for assistance when the client is in tears at work because they are having trouble learning a new cash register **is** reimbursable if the focus of the intervention is assisting the client to decrease their anxiety enough to concentrate on the task of learning the new skill.

NON-REIMBURSABLE

- Visiting a client's job site to teach him/her a job skill **is not** reimbursable.

- Providing hands-on technical assistance to the client regarding the new cash register **is not** reimbursable.

Educational Examples:

REIMBURSABLE

- Sitting with a client in a community college class the first three times the client attends and debriefing the experience afterward **is** reimbursable.

- Assisting the client with the arithmetic necessary to help him/her manage their household budget **is** reimbursable.

- Assisting a client to find tutorial help in English **is** reimbursable.

- Helping the individual with typing skills while he/she is working on a newsletter **is** reimbursable.

NON-REIMBURSABLE

- Assisting the client with their homework **is not** reimbursable.

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- Teaching a class in remedial English **is not** reimbursable.

- Teaching a typing class on site at an adult residential treatment program in preparation for entry into a formal job training program **is not** reimbursable.

Recreational Examples:

REIMBURSABLE

- Helping clients improve their communication skills during a recreational activity **is** reimbursable.

NON-REIMBURSABLE

- Playing basketball with clients or teaching them how to lift weights so that they do not injure themselves **is not** reimbursable.

Socialization Examples:

REIMBURSABLE

- Helping the client learn better social skills so he/she will be better able to interact with people **is** reimbursable.

NON-REIMBURSABLE

- Playing cards or any other games with a client or group of clients **is not** reimbursable.

MEDICAL NECESSITY

In order to receive reimbursement from Medi-Cal, services must meet all Medical Necessity criteria. Medical Necessity has three key criteria:

1. **An "included" Diagnostic and Statistical Manual of Mental Disorders (DSM) Diagnosis:**

   - Medi-Cal has identified a list of DSM (current edition) mental health diagnoses for which it will reimburse.

   - Please note that this list does not contain every diagnosis in DSM so staff must ensure that the client's diagnosis falls into this list. This list of Medi-Cal Included Diagnoses can be found in the Appendix section of the Organizational Provider's Manual, which is located on the DMH website and can be accessed through the following link:

     http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals

   - Be aware that even though some *EBP models use diagnostic terminology (e.g., PTSD) the symptoms and behaviors must still be supported by DSM criteria.

     *The term Evidence-Based Practices (EBP) is being collectively used to include Community-Defined Evidence (CDE) and Promising/Pilot Practices (PP).

2. **Impairment as a result of the "included" DSM Diagnosis:**

   - At least **one** of the following must apply:
     - a significant impairment for the client in an important area of life functioning (e.g., employment, education, living situation), or
     - a probability of significant deterioration in an area life functioning
     - a probability a person under 21 years of age will not progress developmentally as individually appropriate.

   - The impairments must be due to the client's symptoms and behaviors related to his/her included diagnosis.

   - Please note that documentation must show **how** the impairment is due to the client's mental health symptoms/behaviors.

3. **Intervention:**

- Services (interventions) provided to the client must be to address the identified impairments and have the expectation that the service will
    - significantly diminish the impairment, **or**
    - prevent significant deterioration in an important area of life functioning, **or**
    - (for clients under the age of 21) allow the client to progress developmentally as individually appropriate.

- Interventions must clearly show how they will
    - improve the client's functioning, and/or
    - diminish the client's mental health symptoms/behaviors.

DOCUMENTATION OF MEDICAL NECESSITY

Documentation of Medical Necessity is found by looking at three different documents: the Mental Health Assessment, the Client Care Coordination Plan, and the Progress Note. LAC-DMH calls this sequence of documentation the "Clinical Loop" and it ensures services provided are Medi-Cal reimbursable.

- The **"Clinical Loop"** has three steps and is done on a continual basis. It is not a one-time process. **The three steps are**:

  1. **Mental Health Assessment:** complete the assessment including documentation of:
     a. Symptoms/Behaviors leading to an Included Diagnosis
     b. Impairments in Life Functioning, Needs, and Strengths

  2. **Client Care/Coordination Plan (CCCP):** use the information from the Mental Health Assessment to complete the Client Care Plan, which documents:
     a. Goals/Objectives linked to the identified Symptoms/Behaviors or Impairments
     b. Interventions that will assist the client in achieving each goal/objective noted

  3. **Progress Note:** use the goals/objectives and interventions identified on the CCCP to complete a progress note, which documents goal-based interventions provided to the client

- The above criteria MUST be met for services claimed to Medi-Cal except for assessment services. By the end of the intake period, the Initial Mental Health Assessment and the CCCP must be completed.

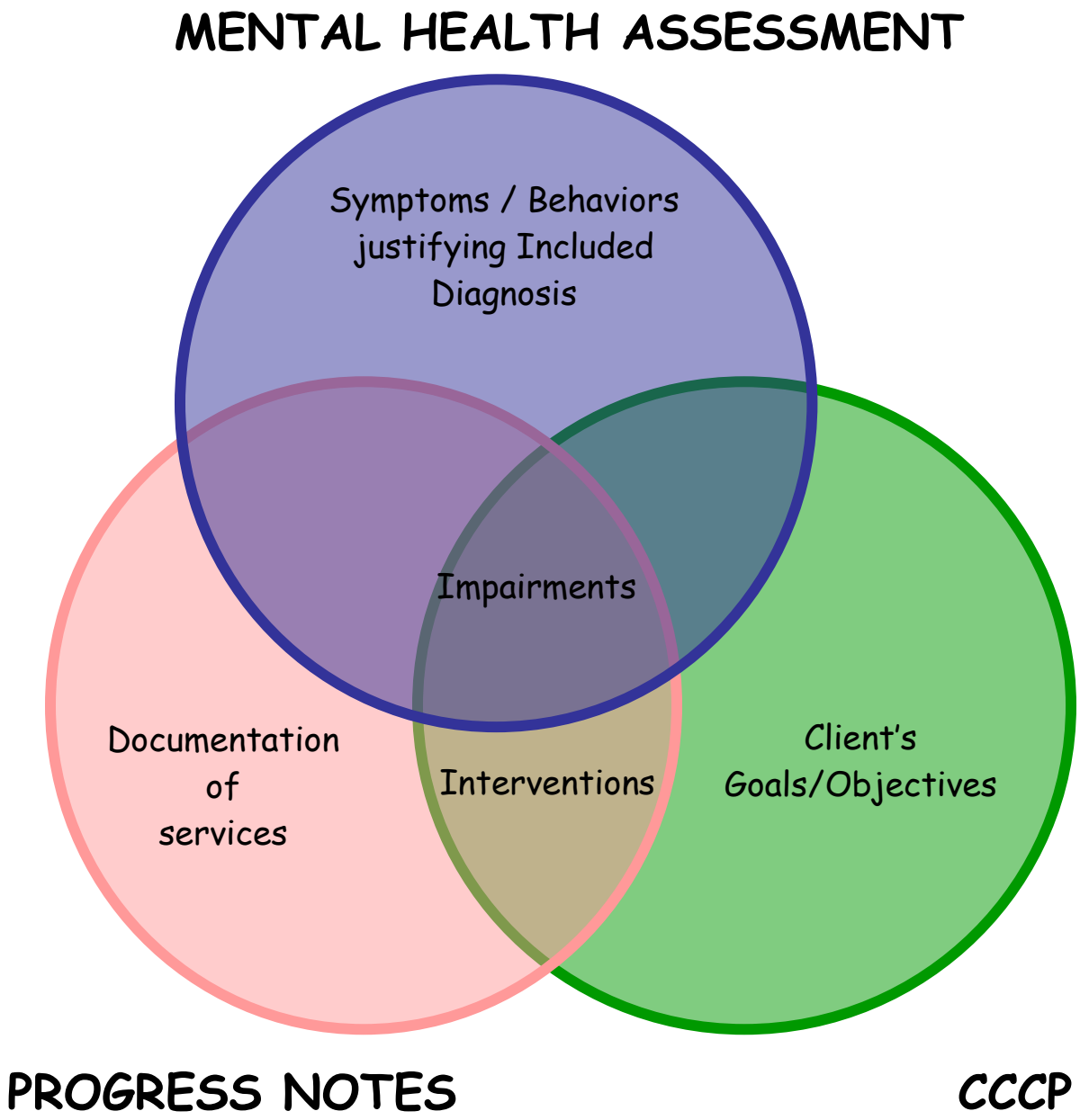
- The intake period is two months for a new admission (no open episodes), or within one month when the client is being opened to a new service, but has other open episodes in the *DMH System of Care.

  *****DMH System of Care includes all Directly-Operated and Contractor Providers

- If a service, other than the Assessment services, does not meet the criteria for Medi-Cal Medical Necessity identified above, staff MUST NOT check the Medi-Cal box on the Progress Note/Daily Service Log.

  If this box is not marked, data entry staff MUST UNCHECK the Medi-Cal box on the claim screen when entering the claim; and then select the appropriate non-Medi-Cal payer source.

CLINICAL LOOP



KEY ELEMENTS OF THE CLINICAL LOOP

In order to claim PEI services to Medi-Cal, staff must ensure that the following "Key Elements" of the Assessment, CCCP and Progress Note are included in the EBP protocol being used. The agency will be responsible for ensuring that these required "Key Elements" for Medi-Cal are documented on all of the required forms.

I. **Mental Health Assessment**

A. The Mental Health Assessment form is a required Clinical Record Form for all providers within the DMH System of Care for clients receiving ongoing treatment services. The Initial Assessment contains key requirements of an assessment and must be completed in its entirety.

1. Only Authorized Mental Health Disciplines (AMHD) can fully complete an Assessment. A list of all AMHD are found in the most recent version of A Guide to Procedure Codes for Claiming Mental Health Services available on the DMH website and may be accessed through the following link: http://dmh.lacounty.gov/wps/portal/dmh/admin_tools

2. Assessment requires Face-to-Face time that must be both documented in the clinical record and entered into the Integrated Systems (IS).

3. Initial Assessments must be completed within two months of intake, or within one month if a client has an open episode elsewhere in the DMH System of Care

B. Below is a list of the elements of the assessment **(DMH Policy No. 104.9):**

1. Presenting problem(s) and relevant conditions affecting the client's physical and mental health status, i.e., living situation, daily activities, social support

2. Impact of functional impairments on life functioning

3. Clear indication as to why the client is seeking treatment at this time; and a behavioral history that includes:
   - Previous treatment dates
   - Previous and present mental health providers
   - Previous therapeutic interventions and responses
   - Relevant family information
   - Relevant lab reports, consultations, and sources of clinical data and
   - Past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed, and/or over-the-counter drugs

4. For children and adolescents, pre-natal and peri-natal events and complete developmental history

5. A brief psychosocial history

6. A relevant mental health status examination with a narrative describing symptoms

7. A medical summary that contains a brief relevant medical history

8. History of psychiatric medications that have been prescribed, including dosages of each medication

9. Client's self-report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities

10. Client's strengths in achieving service plan goals

11. Special status situations that present a risk to the client or others

12. Adequate information to assess the client's needs in order to formulate a treatment plan

13. A five axes DSM (current edition) diagnosis that is consistent with the presenting problems, history, mental status evaluation and/or other assessment data

14. Housing, employment, and benefit status.

C. Special client needs as well as associated interventions directed toward meeting those needs must be documented:

1. visual and hearing impairments

2. clients whose primary language is not English – documentation must show that services were either offered in the client's primary language and/or that interpretive services were offered. Clients should not be expected to provide interpretive services through friends or family members. **(See DMH Policy No. 202.21 Language Interpreters for further information).**

   NOTE: Because assistance is documented, it does not necessarily mean it is claimable. Claimed notes for services must show how the service assists the client in accessing services or is a service intervention. The assistance must be claimed in accord with the focus of the client contact and the staff providing the service.

3. cultural or linguistic issues

   NOTE: In order to obtain and/or transmit culturally and linguistically accurate information from clients who do not speak English as a first language, the Department has translated some of its forms into other languages. Whenever non-English forms are used, the English translation version must be printed on the back of the same page. If that is not possible, the English version must be placed immediately adjacent to the non-English version in the clinical record.

D. Staff must ensure that the Assessment forms are filled out in their entirety and have clearly documented this information or reasons for not being able to capture this information.

E. Evidence-Based Practice screening/measurement tools to assess for EBP eligibility may be used along with the Initial Assessment.

F. The Annual Assessment Update shall be completed annually for individuals receiving ongoing services including Medication Support and Targeted Case Management **(DMH Policy No. 104.9)**.

G. For review, an Assessment Training PowerPoint has been placed online and can be accessed through the following link:

   http://dmh.lacounty.gov/wps/portal/dmh/admin_tools

H. Directly-Operated Providers AND Contract Providers are **required** to use the DMH approved Mental Health Assessment form in its original format.

   For Contract Providers with an electronic medical record (EHRS),

   - all data elements on DMH Required Clinical Forms must be present in the EHRS,

   AND

   1. they must be able to produce a printable e-report (hard or soft copy) that replicates the existing DMH Required Clinical Forms in data elements and sequence

   or

   2. they must be able to produce the DMH defined clinical XML Messages.

I. When can a **Short Assessment Form** be used instead of the standard **Initial Assessment Form**?

In the majority of situations, the form used to initially assess a client to determine treatment needs and appropriate services is the standard Initial Assessment. However, for clients where it is established, through triage or some other screening method, that a **short-term EBP*** is the most appropriate treatment method, a Short Assessment form may be completed.

***Short-term is defined as a treatment method expected to last no longer than two months.**

If the Short Assessment form is used, it must clearly:

- Establish Medical Necessity
- Identify the need for the EBP and any other Specialty Mental Health Services that will be provided

If the short-term EBP **services last longer than expected** (i.e. the clinician feels additional sessions are needed) and/or it is determined that the client needs longer term or more intensive treatment method, an **Assessment Addendum must be completed at the point of this determination**.

The Assessment Addendum should justify the need for the additional treatment sessions and/or the change in treatment method. Additionally, if the client will be provided a longer term treatment method (e.g., Wellness, Field Capable Clinical Services, or Managing and Adapting Practice), additional assessment information may need to be gathered such as:

- Additional history of the presenting problem
- Treatment methods tried in the past
- And/or additional psychosocial information

NOTE: An Initial Assessment should not be completed if an Assessment Addendum has been done and clinical judgment determines that there would be no added benefit to the client by completing an Initial Assessment.

Please see Clinical Records Bulletin Edition 2011-04 Forms Usage Chart for Initial Contacts with Clients http://file.lacounty.gov/dmh/cms1_159840.pdf for additional information about the use of Assessment forms.

For additional information related to which Assessment form should be used and when a CCCP must be in place for clients receiving short term EBPs, please see QA Bulletin 12-03 PEI CORS and other Short Term Evidence Based Practices: Completing Assessments and Client Care Plans
http://dmh.lacounty.gov/wps/portal/dmh/admin_tools

II. **Client Care/Coordination Plan (CCCP):**

A. The Client Care Plan section of the CCCP is a required Clinical Record Form and must be completed for all clients receiving ongoing treatment by the end of the assessment period (as defined above). All CCCPs must have the following key elements **(DMH Policy No. 104.9)**:

1. The client's long-term goal
2. SMART (**s**pecific, **m**easurable, **a**ttainable, **r**ealistic, **t**ime-bound) objectives
3. Type(s) of services provided and associated interventions
4. Client and family involvement/participation
5. Linguistic and interpretive needs
6. Additional client contacts
7. Signature of the client or description of client's refusal/inability to sign
8. Signature of an Authorized Mental Health Discipline (AMHD)

B. While a Client Care Plan is not required per DMH Policy until the conclusion of the assessment period (as defined above), it is Best Practice to develop a treatment plan (goals and objectives) **prior to beginning any treatment services**.

Therefore, if treatment is to begin, such as individual therapy, groups, or medication services, a treatment plan should be developed with the client to identify the goal of these services and the types of interventions that will be provided **before initiating treatment services**.

Please see QA Bulletin 09-08 Services and Claims during the Assessment Period http://file.lacounty.gov/dmh/cms1_159829.pdf for additional information related to developing a treatment plan prior to starting treatment services.

C. The Client Care Page shall be updated as clinically appropriate, but at a minimum, objectives shall be rewritten and outcomes documented annually. When utilizing an EBP, the provider should be reviewing the objectives on the Client Care Page as frequently as the EBP dictates.

D. The CCCP Training Module has been placed online and should be reviewed by all staff to ensure proper completion of the CCCP. It can be accessed through the following link:

http://dmh.lacounty.gov/wps/portal/dmh/admin_tools

E. Directly-Operated Providers AND Contract Providers are **required** to use both the DMH approved CCCP form in its original format, unless an alternate form has been specifically authorized by the QA Division.

For Contract Providers with an electronic medical record (EHRS),

- all data elements on DMH Required Clinical Forms must be present in the EHRS,

AND

i. they must be able to produce a printable e-report (hard or soft copy) that replicates the existing DMH Required Clinical Forms in data elements and sequence

or

ii. they must be able to produce the DMH defined clinical XML Messages.

III. **Progress Note:**

A. Progress Notes are used to identify the intervention provided by staff to assist the client in ameliorating impairments or preventing deterioration in life functioning.

B. Progress Notes must clearly identify an intervention provided to the client that links back to the Client Care Plan and the Assessment, as previously noted in the "Clinical Loop."

1. Interventions must clearly be linked back to the client's mental health needs (i.e. how will doing this help this client improve functioning or prevent further deterioration in functioning which is due to his/her mental health symptoms/behaviors?).

2. The following elements MUST be present in a Progress Note:
    a. date of service
    b. procedure code
    c. duration of service
    d. staff Interventions or contributions
    e. description of the service provided
    f. signature of person providing the service including discipline or title

3. If the Progress Note does not clearly identify an intervention, or some action that was taken to assist the client, the note will be disallowed.

4. All service delivery must adhere to the *Scope of Practice / Rendering Provider Guidelines* in the most recent version of A Guide to Procedure Codes for Claiming Mental Health Services.

5. Signature Requirements:
    a. Staff must sign (or the electronic equivalent) any progress note he/she writes and include his/her professional license or job title.

    b. When more than one staff participates in the same service, only one signature is required (except for required co-signature situations), but the names of any staff participating in the service must be included in the note, along with his/her time.

NOTE: Co-signatures may **NEVER** be used to allow a staff person to perform a service that is not within his/her scope of practice. Co-signing a Mental Health Services note means that the co-signer has supervised the service delivery and assumes responsibility and liability for the service.

6. MHSA PEI Services include both:
    a. "Core" Interventions: those services intrinsic to the delivery of expected outcomes for each of the PEI programs. It is expected that EBP Core Interventions be delivered by staff trained in the EBP for which interventions are being provided.

    b. "Non-Core" Services: those services not core to the PEI program which are provided on a short-term basis to meet the emergent client needs and support the client's participation in the EBP model.

7. To be **eligible for PEI services**, the client must meet the PEI population requirements as specified in Los Angeles County's PEI Plan.

8. Providers are encouraged to use the DMH approved Progress Note. If they prefer to create one of their own, then all of the aforementioned required elements for Medi-Cal reimbursement MUST be included.

CLAIMING TO MHSA PEI

LAC-DMH has implemented many new programs under MHSA PEI which utilize EBPs. When claiming to a MHSA PEI Plan, there are special requirements regarding the use of *EBP Codes.

A. **Evidence-Based Practice and Service Strategy Codes**

LAC-DMH implemented the use of EBP and SS codes in November 2006. Reporting the use of EBP and SS interventions are a State and Federal requirement, regardless of the funding source.

- EBP codes reflect services that are provided as part of an Evidence-Based Practice when the program using the EBP meets the fidelity and criteria of the EBP model. In addition, in order to use an EBP code for a service, the client must meet the criteria identified by the EBP model and ensure that the treatment approach is appropriate to the mental health needs and treatment plan of the client.

  ***EBPs include Evidence-Based Practices as well as Community-Defined Evidence Practices (CDE) and Promising/Pilot Practices (PP).*

- SS codes are used to describe the intervention strategies reflected by the service provided. Unlike EBP codes, there are no fidelity or criteria measurements in order to use SS codes. Any program, regardless of funding source, may use SS codes if the program/staff person believes the service meets the definition of the SS.

B. **Using EBP codes when Claiming to MHSA PEI**

When claiming to a MHSA PEI Funding Plan, there are special requirements regarding the use of EBP codes.

1. All services for clients being claimed to a PEI Plan **MUST** have a PEI-approved EBP code selected for the claim:
   a. When claiming services to a PEI plan, an EBP code must **ALWAYS** be selected.

   b. Only one EBP can be identified on a claim.

   c. If the EBP code is not yet listed in the IS drop down, then "Other/Unknown EBP/SS" (Code 99) may be chosen.

   d. "No EBP/SS" (Code 00) **may not** be selected for claims under the PEI Plans.

   e. Select one PEI-EBP and no more than two Service Strategies (if Service Strategies are applicable) and the procedure code which corresponds to the service claimed.

2. Unless otherwise specified by the DMH EBP Lead, Rendering Providers do not have to be trained / certified in the EBP in order to claim services under a PEI Plan. However, the following conditions must be met:
    a. The majority of services provided must be intrinsic to the EBP model.

    b. If a Rendering Provider is not trained / certified in the EBP model, he/she shall **coordinate services with someone who is trained in the EBP model.**

    c. EBP codes should be used for both "Core" and "Non-Core" services in accord with the aforementioned instructions.

C. **Special Additional Criteria for the use of the MHIP EBP ONLY**

1. In addition to the instructions noted above for claims under the PEI Plans, to use the Mental Health Integration Program (MHIP) EBP code (listed as IMPACT_MHIP in the IS), the Rendering Provider of the service MUST also be certified/trained in the use of the MHIP model by either LACDMH or the developer of the model.

2. Directly Operated and Legal Entity Providers:
   If the Rendering Provider of the service has not been certified/trained in the use of the EBP model, then a different EBP code must be selected for the service in accord with the instructions noted above for PEI claims.

3. Community Partner Providers:
   If the Rendering Provider of the service has not been certified/trained in the use of the MHIP model, the Provider must obtain approval from Kathleen Kerrigan at (213) 738-3111 or KKerrigan@dmh.lacounty.gov before selecting a different EBP code in accordance with the instructions noted above for PEI claims.

D. **Where to Find the Current List of EBP/SS Codes**
The IS Codes Manual contains the most current list of available EBP and SS codes ***(Appendix A***), which may be accessed on-line at http://LAC-DMH.lacounty.gov/hipaa/index.html

E. **Procedure Codes for PEI-EBP (Appendix B)**

1. Procedure codes are determined by the service provided.

2. PEI "Core" Interventions and "Non-Core" Services utilize the same procedure codes as all other services – DMH Procedure Codes Manual.

3. PEI Services are identified by the PEI IS Plan and potentially, the EBP selected.

F **MHSA PEI IS Plans:**

1. PEI IS Plans are age-specific; whereas, other MHSA Integrated System (IS) Plans such as Full Service Partnership (FSP) and Field Capable Clinical Services (FCCS) are either enrollment programs or designed for any age group.

2. There are four (4) IS PEI Age Group Plans and one PEI Special Program Plan. Select a Plan according to the age of the client.
    a. PEI Children: Ages 0-15, Plan No. 2098
    b. PEI TAY: Ages 16-25, Plan No. 2101
    c. PEI Adult: Ages 26-59, Plan No. 2092
    d. PEI Older Adult: Ages 60 & Older, Plan No. 2092
    e. PEI Special Programs, Plan No. – 2091
        i. Assigned to Agencies providing services to individuals with the Healthy Way Los Angeles (HWLA) insurance benefit and those with *Non-Age Specific Services
        ii. *Does not apply to DMH directly-operated programs

IMPORTANT REMINDERS:

- You can deliver an EBP under any funding source; however, you must deliver a LACDMH-approved EBP under a PEI Plan.

- Reporting the use of EBP and SS interventions are a State and Federal requirement, regardless of the funding source.

OVERVIEW OF DOCUMENTING AND CLAIMING MHSA PEI SERVICES

1. Complete an Initial Assessment.

    a. Determine if client meets medical necessity. If yes, what type of intervention (EBP) would be the most effective for the client?

    b. Determine if client meets PEI target population.

    c. Identify the appropriate EBP to address client's presenting needs/problem (staff must be trained in the model to provide 'core' services)

    d. Administer appropriate screening tool / initial outcome measures

2. Complete the Client Care Plan. In the area that states "other," write the name of the EBP (e.g., Other: Seeking Safety).

3. Complete a Client Coordination Plan (if client is open to more than one provider).

4. Maintain fidelity to EBP model by ensuring the majority of services provided to the client are 'core' interventions of the EBP in which the client is receiving services (see **Appendix B:** MHSA PEI Programs Guide to Core Interventions).

5. Complete Progress Note (document intervention, location of service, staff's time and procedure code)

6. Fill in Daily Service Log (required for Directly-Operated Providers), which is available on the DMH website and may be accessed through the following link:
    http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_forms

7. Select the appropriate EBP/SS (e.g., Seeking Safety) from the drop-down menu.

8. Select the age-appropriate PEI IS Plan (based on client's age on date service was provided).

MENTAL HEALTH SERVICE CODES & EXAMPLES

MENTAL HEALTH SERVICES		
Service	**Code**	**SD/MC Rendering Provider**
Assessment /Psychiatric diagnostic interview : These codes should be used when completing an Initial Assessment form or when performing subsequent assessment activities that are documented on an assessment form (Annual Assessment Update).	**90801**	Licensed, registered, waivered: MD/DO, PhD/PsyD, LCSW, MFT, NP/CNS RN and student professionals in these disciplines with co-signature of licensed professional.
90801 – Assessment Example Therapist is conducting an assessment in which he/she determines medical necessity and during the process introduces utilizing the TF-CBT intervention to address the child's history of trauma and current symptoms of withdrawal, acting out, nightmares, and anger outbursts.		
Interactive psychiatric diagnostic interview: Using play equipment, physical devices, or other nonverbal mechanism of communication.	**90802**	
90802-Interactive Assessment Example While using TF-CBT to address a young child's traumatic experiences, a therapist utilizes artwork or other equipment or physical devices for the majority of the session to assist the client in creating their trauma narrative.		
Individual Psychotherapy Insight oriented, behavior modifying, and/or supportive psychotherapy delivered to one client.	**H0046** (0-19 min or any length over the telephone) (former code H2015) **90804** (20 min) **90806** (45-74 min) **90808** (75 plus min)	MD/DO or RN: Licensed PhD/PsyD: Licensed or waivered. CSW & MFT: Licensed or registered or waivered. NP or CNS: Certified and student professionals in these disciplines with co-signature of licensed professional.
90806-Individual Therapy Example: **1)** After explaining intervention and obtaining consent, therapist meets with client individually to begin working on TF-CBT intervention strategies. **2)** Clinician encourages client to consider the obstacles to constructive work relationships, assists client with understanding his/her feelings. Chart note includes problem behavior, therapeutic intervention and outcome.		

Service	Code	SD/MC Rendering Provider
Interactive Psychotherapy using play equipment, physical devices, or other mechanisms of non-verbal communication delivered to one client. **90812-Interactive Psychotherapy Example** While using TF-CBT to address a young child's traumatic experiences, a therapist utilizes artwork for the majority of the session to assist the client in creating their trauma narrative.	**H0046** (0 - 19 mins) (former code H2015) **90810** (20 mins) **90812** (45-74 mins) **90814** (75 plus mins)	MD/DO or RN: Licensed. PhD/PsyD: Licensed or registered and waivered. LCSW & MFT: Licensed or registered or waivered. NP or CNS: Certified and student professionals in these disciplines with co-signature of licensed professional.
Individual Rehabilitation Service Service delivered to one client to provide assistance in improving, maintaining, or restoring the client's functional, daily living, social and leisure, grooming and personal hygiene, or meal preparation skills, his/her support resources. §1810.243 The contact could include family or other collaterals/significant support person (see definition for collateral). **H2015-Individual Rehabilitation Example:** While using Seeking Safety, a therapist works with the client on addressing transportation issues to attend groups and to navigate their participation in other activities that will support their progress.	**H2015**	Any staff operating within his/her scope of practice.
Collateral (one or more clients represented) Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist client.	**90887**	Any staff operating within his/her scope of practice.
Collateral Definition: A collateral/significant support person is, in the opinion of the client or the staff providing the service, a person who has or could have a significant role in the successful outcome of treatment, including, but not limited to parent, spouse, or other relative, legal guardian or representative, or anyone living in the same household as the client. Agency staff, including Board & Care operators are not collaterals.		

Service	Code	SD/MC Rendering Provider
No Contact-Report Writing Preparation of reports of client's psychiatric status, history, treatment, or progress for other physicians, agencies, insurance carriers, or for discharge summary	**90889**	Any staff operating within his/her scope of practice.
90889-No Contact-Report Writing Example: 1) Therapist is completing discharge documentation for a client who has successfully completed Seeking Safety. 2) Therapist, after obtaining appropriate consent, writes a progress letter to a client's DCFS CSW regarding their progress while participating in the treatment intervention (whether it be TF-CBT, Incredible Years, Functional Family Therapy, Seeking Safety, CBITS, etc.).		
Plan Development Interdisciplinary inter/intra-agency conferences and consultations to coordinate activities of client care. Client may or may not be present.	**H0032**	Any staff operating within his/her scope of practice.
H0032 – Plan Development Example: 1) Therapist consults with client's teacher to discuss child's school engagement, behaviors and truancy/delinquency concerns in order to assist the parent in addressing these issues with their child during Functional Family Therapy (FFT.) 2) Therapist consults with CSW to gain relevant information about the family's interactions with the department in order to support the client's and parent's progress while they are participating in Incredible Years (IY).		
H0032 – Plan Development Example: **1)** A CBITS therapist, client's parent, DCFS CSW, and a school staff convene together to develop consistent strategies to support the client's progress at school and home. **2)** Clinician presents case history at clinical case conference and requests feedback on differential diagnosis and treatment strategies.		

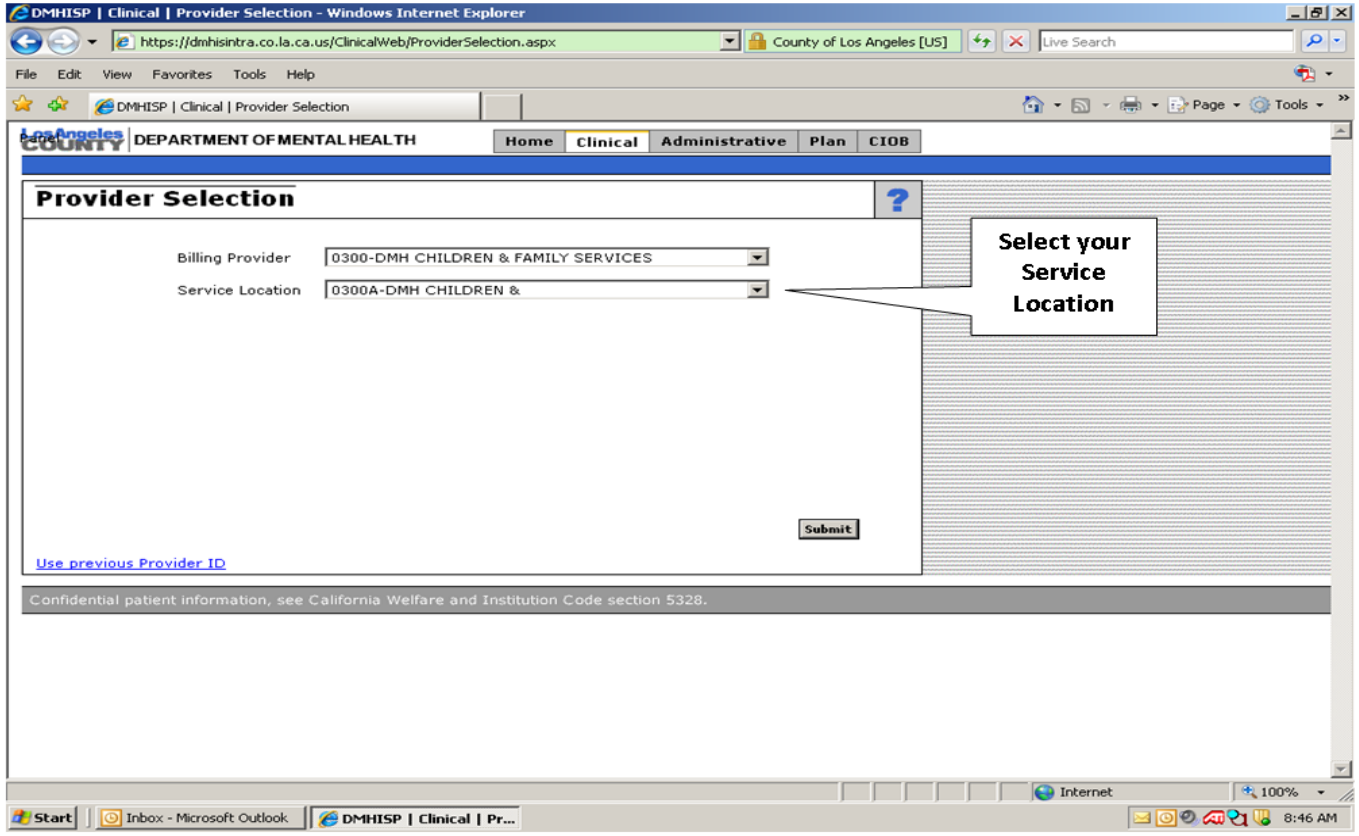
Service	Code	SD/MD Rendering Provider
Crisis Intervention A service lasting less than 24 hours which requires more timely response than a regularly scheduled visit and is delivered at a site other than a Crisis Stabilization program. (§1810.209). **Crisis Intervention Example:** A walk-in client states her mother who was her sole support system has just died. She is hysterical, crying and unable to make short-term plans for herself. Client is assisted to set priorities, focus on discrete, very short term and limited goals. A follow-up session is scheduled.	**H2011 (HE*)**	Any staff operating within his/her scope of practice.
Review of Records Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for: _ Assessment and/or diagnostic purposes _ Continuity of care when receiving a transferred or new client	**90885**	Any staff operating within his/her scope of practice.
Plan Development (development of client plans and services and/or monitoring a client's progress) when not in the context of another service.		Any staff operating within his/her scope of practice.
No contact – Report Writing Preparation of reports of client's psychiatric status, history, treatment, or progress for other physicians, agencies, insurance carriers, or for discharge summary.	**90889**	Any staff operating within his/her scope of practice.
90889-No Contact-Report Writing Example: **1)** Therapist is completing discharge documentation for a client who has successfully completed Seeking Safety. **2)** Therapist, after obtaining appropriate consent, writes a progress letter to a client's DCFS CSW regarding their progress while participating in the treatment intervention (whether it be TF-CBT, Incredible Years, Functional Family Therapy, Seeking Safety, CBITS, etc.).		
Group Psychotherapy Insight oriented, behavior modifying, supportive services delivered at the same time to more than one non-family client.	**90853**	Licensed, registered, waivered: MD/DO, PhD/PsyD, LCSW, MFT NP/CNS, RN and student Professionals in these disciplines with co-signature of licensed professional.
90853-Group Psychotherapy Example: 1) A clinician is conducting a group using CBITS at a local school to address trauma experiences of the children.		

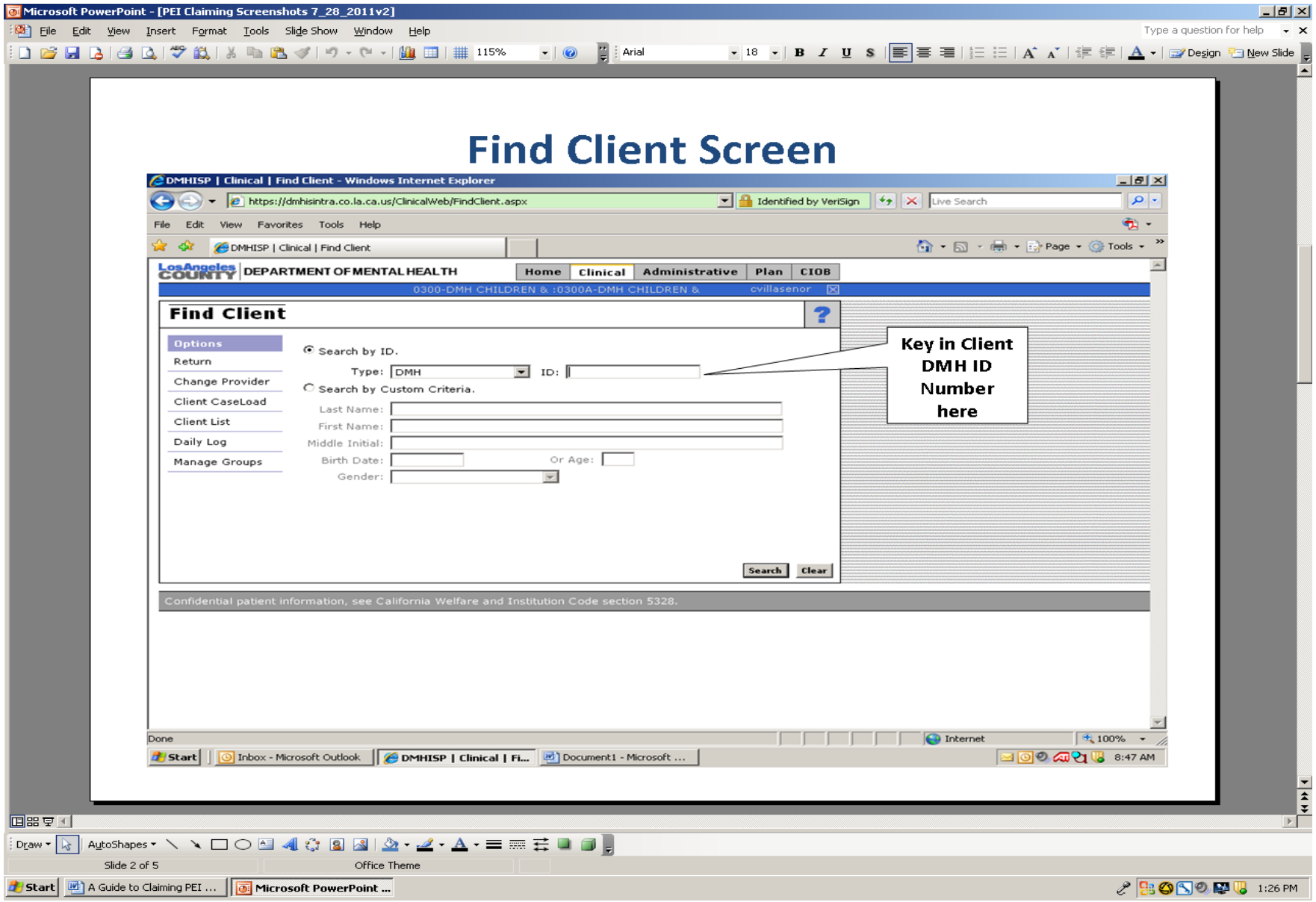
Service	Code	SD/MD Rendering Provider
Interactive Group Psychotherapy Interactive service using non-verbal communication techniques delivered at the same time to more than one non-family client.	**90857**	Licensed, registered, waivered: MD/DO, PhD/PsyD, LCSW, MFT NP/CNS, RN and student Professionals in these disciplines with co-signature of licensed professional.
Family Psychotherapy with One Client Present Psychotherapy delivered to a family with the intent of improving or maintaining the mental health status of the client. Only one claim will be submitted. **Note:** Family Psychotherapy without the Client Present (90846) is not a reimbursable service through the LAC LMHP – Psychotherapy can only be delivered to an enrolled client. Services to collaterals of clients that fall within the "Collateral" service definition below may be claimed to.	**90847**	Licensed, registered, waivered: MD/DO, PhD/PsyD, LCSW, MFT NP/CNS, RN and student Professionals in these disciplines with co-signature of licensed professional.
90847-Family Therapy Example (client present) A therapist conducts a family therapy session utilizing Functional Family Therapy.		
Multi-family Group Psychotherapy Psychotherapy delivered to more than one family unit each with at least one enrolled client. Generally clients are in attendance.	**90849**	Licensed, registered, waivered: MD/DO, PhD/PsyD, LCSW, MFT NP/CNS, RN and student Professionals in these disciplines with.
Group Rehabilitation (family and non-family) Service delivered to more than one client at the same time to provide assistance in improving, maintaining, or restoring his/her support resources or his/her functional skills - daily living, social and leisure, grooming and personal hygiene or meal preparation. §1810.243.	**H2015 (HE, HQ*)**	Any staff operating within his/her scope of practice.

Service	Code	SD/MD Rendering Provider
H2015 –Group Rehabilitation Example: 1) A clinician is conducting a group for teenagers using Seeking Safety to address trauma symptoms and substance abuse. **H2015 Group Rehabilitation Example:** 2) Case manager leads a group of 10 clients on Lieberman module to develop conversational skills. May include any and all of the following skills: assistance in restoring or maintaining a client's functional skills, ADL skills, medication compliance and support resources; counseling of the client or family (which includes significant support persons as long as more than 1 client is represented); training in leisure activities consistent with client's goals/desired results; medication education.		
Psychological Testing Scoring time is not reimbursable.	**96101**	Licensed PhD/PsyD Trained MD/DO.
Psycho-diagnostic assessment of personality, development assessment and cognitive functioning.	**96102**	Registered, waivered PhD/PsyD & student professionals in these disciplines with co- Signature.
Or children, referrals are made to clarify symptomatology, rule out diagnoses and help delineate emotional from learning disabilities.	**96103**	Licensed, registered, waivered PhD/PsyD, & trained MD/DO & student professionals in these disciplines with co-signature.
Psychological Test Interpretation and Report Writing	**90889**	Licensed PhD/PsyD Trained MD/DO.

TARGETED CASE MANAGEMENT		
Service	**Code**	**SD/MD Rendering Provider**
<u>Targeted Case Management (TCM)</u> Services needed to access medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services, whether face-to-face, by phone, or through correspondence, provide for the continuity of care within the mental health system and related social service systems. Services include linkage and consultation, placement, and plan development in the context of targeted case management services.	**T1017** **(HE, HS*)**	Any staff operating within his/her scope of practice.
T1017-Targeted Case Management Example: An Incredible Years (IY) therapist links a parent and their child to social activities in their community that will assist in supporting their progress. Therapist researches referrals, links family to services, follows-up with both parent and program to ensure successful outcome/link**.** **Targeted Case Management – Client and Collateral Contact Example:** Staff person discusses housing situation with client/parent who reports lack of cooperation from landlord to correct significant defects with apartment, e.g., rat infestation that poses health and safety issues to client and family. Staff person contacts by phone the City Health Department, reports the landlord and facilitates linkage for client/parent with the city ombudsman. **Targeted Case Management – Case Activity (No Client or Collateral Contact Example:** In the previous example, the phone call to the City Health Department is made at a later time, not in the presence of the client/parent.		
MEDICATION SUPPORT		
Medication Support Services and Crisis Intervention should be claimed as "Non-Core" for participants in a PEI program who require these services.		

Select Service Location




Microsoft PowerPoint - [PEI Claiming Screenshots 7_28_2011v2]
Find Client Screen
DMHISP | Clinical | Find Client - Windows Internet Explorer
https://dmhisintra.co.la.ca.us/ClinicalWeb/FindClient.aspx
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
Find Client
Options
Return
Change Provider
Client CaseLoad
Client List
Daily Log
Manage Groups
Search by ID.
Type: DMH
ID:
Search by Custom Criteria.
Last Name:
First Name:
Middle Initial:
Birth Date:
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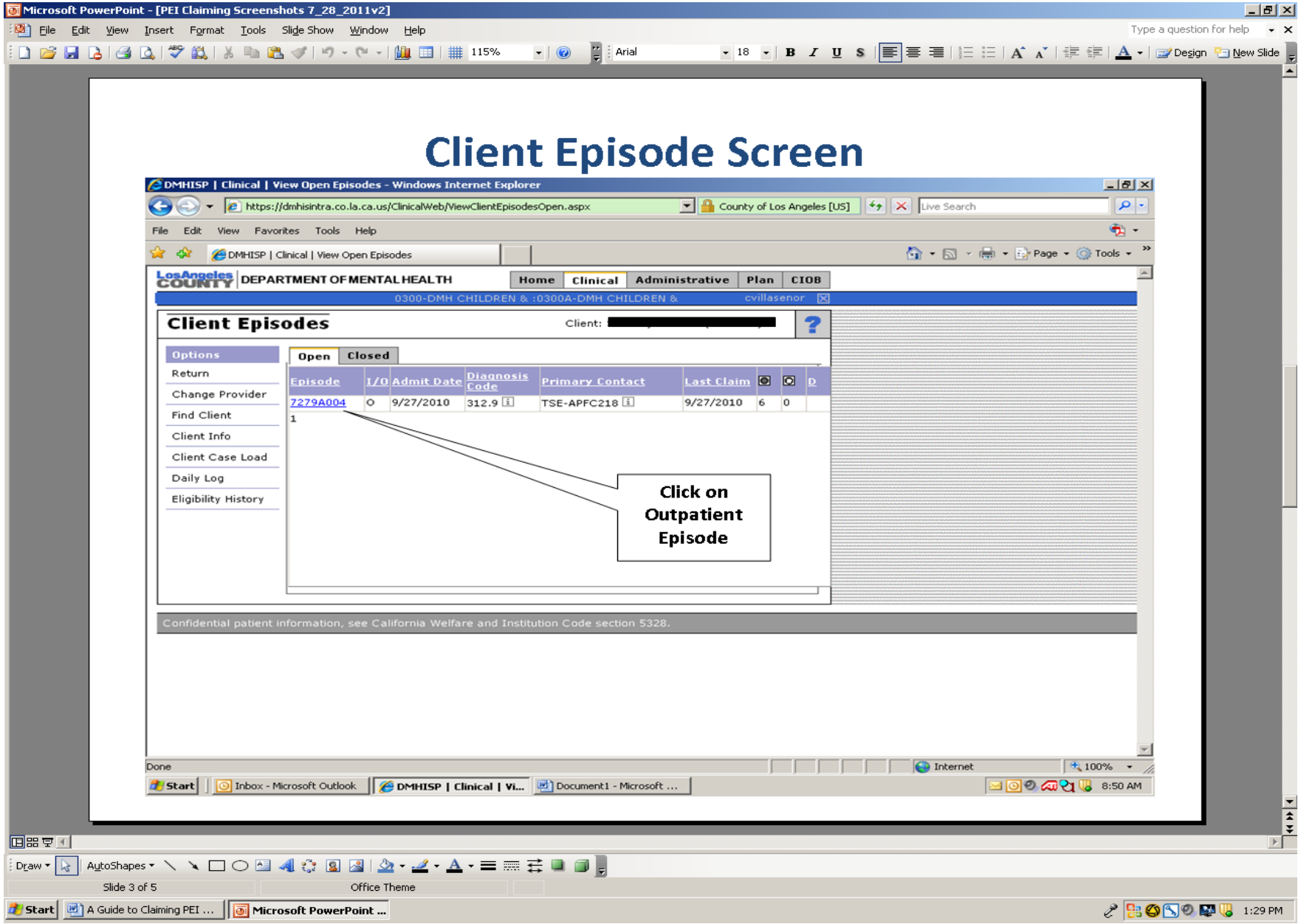
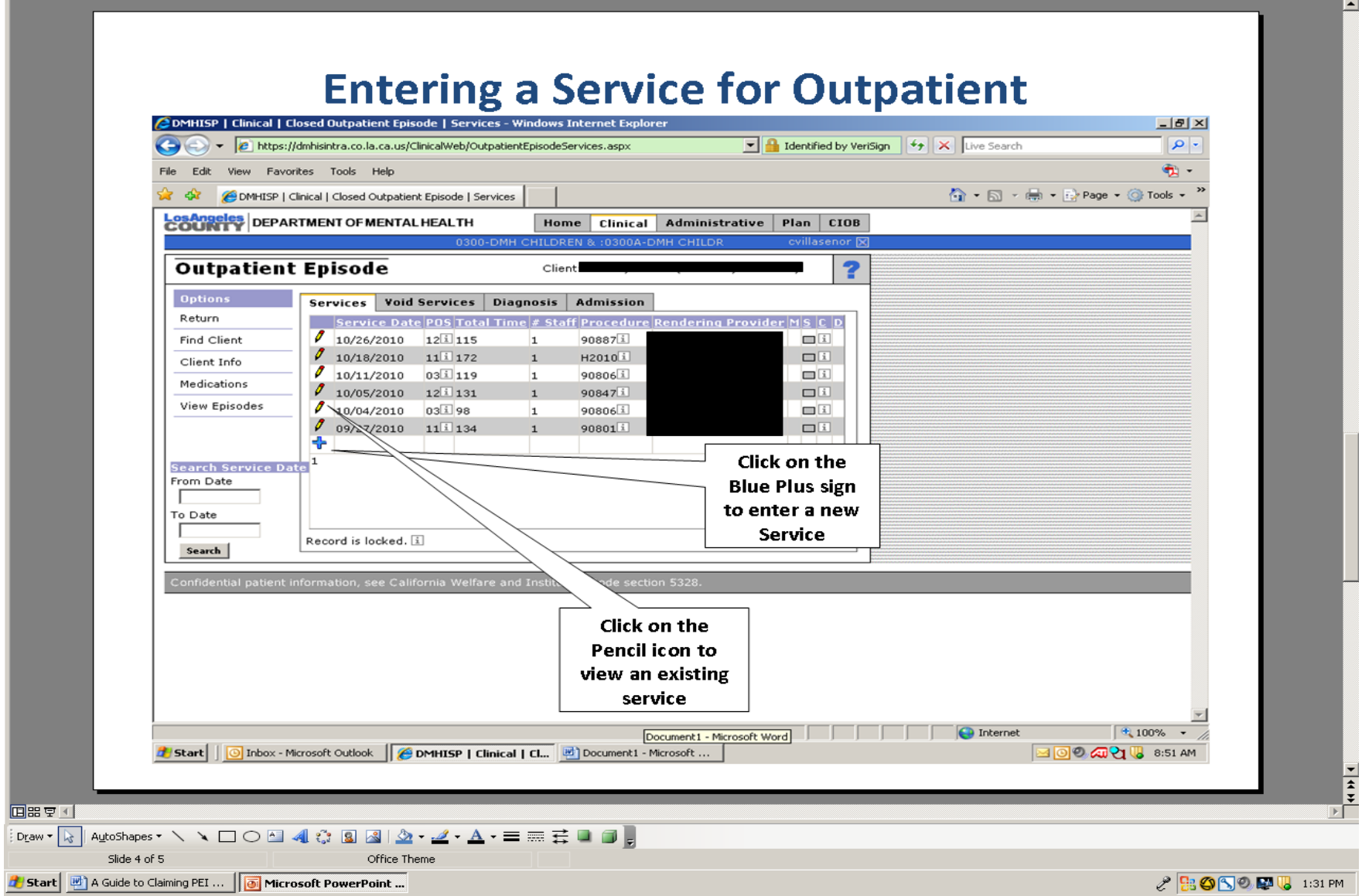
Slide 2 of 5
Office Theme

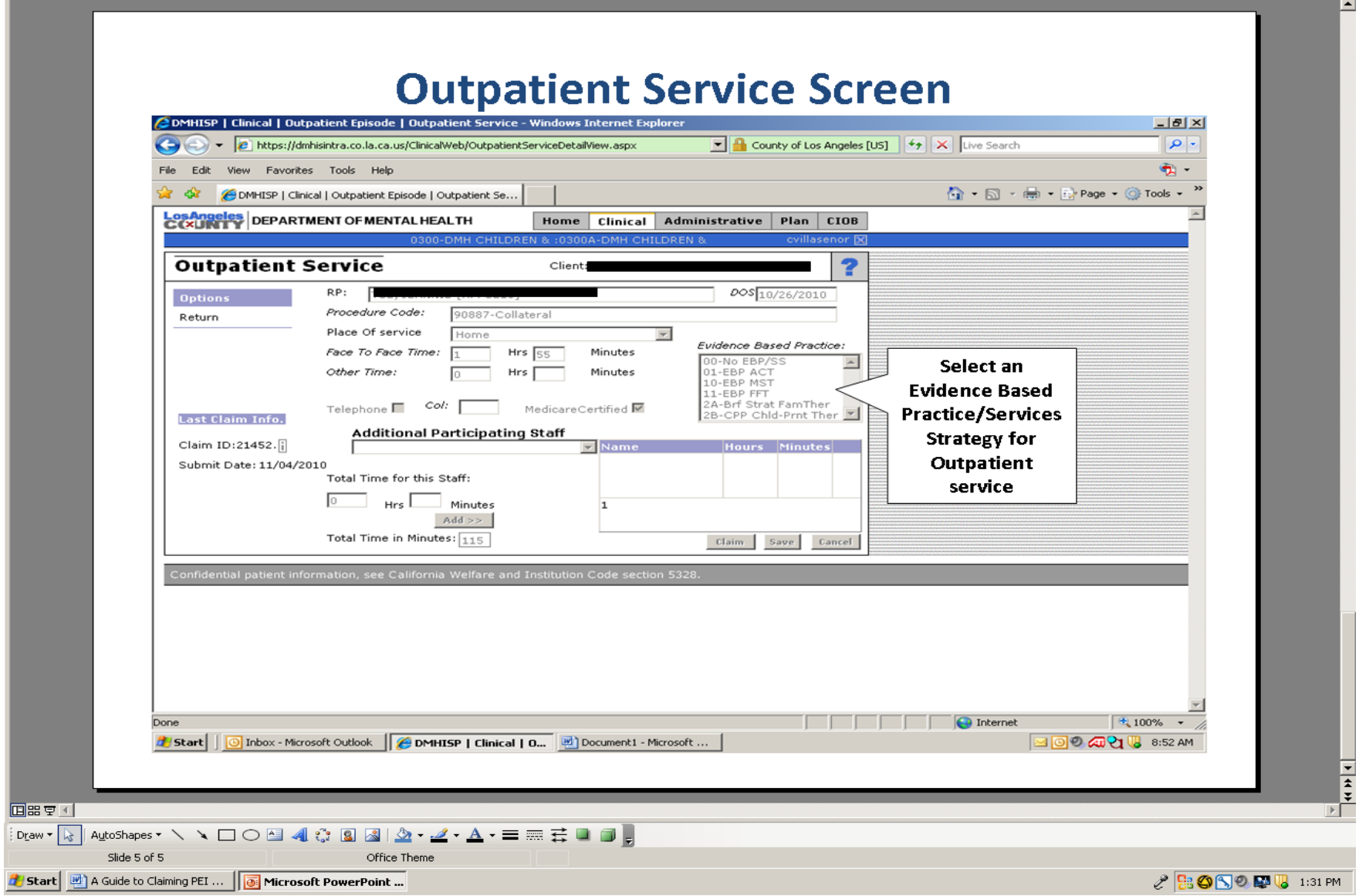
Client Episode Screen



Entering a Service for Outpatient



Outpatient Service Screen



HOW TO GET HELP – WEBSITE LINKS

Documentation regulations and procedures for the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) programs shall adhere to the existing standards found in the *Short-Doyle/Medi-Cal Organizational Provider's Manual* (hereafter *Provider's Manual*).

References used in this document are from the **DMH – Organizational Provider's Manual and the Procedure Codes Manual.**

The full version of the *Organizational Provider's Manual* and the *Procedure Codes Manual* are available on the DMH website and may be accessed through the following link:

http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals

Providers may also refer to the Clinical Records Bulletins, the Quality Assurance Bulletins, and Documentation Trainings (PowerPoint presentations and online modules) which are available on the DMH website and may be accessed through the following link:

http://dmh.lacounty.gov/wps/portal/dmh/admin_tools

For Service Strategies definitions, providers may refer to the following Client and Services Information (CSI) Training Supplement link/web address:

http://dmh.lacounty.gov/hipaa/downloads/EBP_and_Strategies_SDMH_CSI.pdf

A current PEI Frequently Asked Questions **(FAQs)** can be found on the PEI Website located at http://dmh.lacounty.gov/wps/portal/dmh under "About DMH" then click on "MHSA" and then click on "FAQs"

For clarification, staff may refer to their agency's Quality Assurance (QA) department. If further clarification is required, an agency may refer to their Service Area QA Liaison/QIC Chair(s) ***(Appendix F)***.

APPENDIX

APPENDIX A

EVIDENCE-BASED PRACTICES / SERVICE STRATEGIES/PEI SERVICES

For each service, at least one EBP/SS code must be chosen from either Option 1 or Option 2. Codes may NOT be combined from Option 1 and Option 2 for a single service.

Option 1 Codes:
Choose one (1) of the following two codes any time a client is not receiving an Evidence-Based Practice (EBP) or the service is not a Service Strategy.

If either of the following codes is chosen, no additional codes should be selected for the service:

00	=	No EBP/SS	No Evidence-Based Practice/Service Strategy
99	=	UK EBP/SS	Unknown Evidence-Based Practice/Service Strategy

Option 2 Codes *(DO NOT select any codes in this Option if you have already used Option 1):*
Under this option, you may choose one of the following:

- One (1) Evidence-Based Practice (EBP) and no Service Strategies; or
- One (1) Evidence-Based Practice and up to two (2) Service Strategies (SS) or
- Up to three (3) Service Strategies (SS)

Evidence-Based Practices (EBPs): Only One EBP Code May Be Selected

Code	Code Abbrv.	Code Name
01	EBP ACT	Assertive Community Treatment
10	EBP MST	Multisystemic Therapy (both PEI and non-PEI)
11	EBP FFT	Functional Family Therapy (both PEI and non-PEI)
2A	Brf Strat FamTher	Brief Strategic Family Therapy
2B	CPP Chld-Prnt Ther	Child-Parent Psychotherapy (CPP)
2C	CBITS	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
2F	DTQI-Dep Treat QI	Depression Treatment Quality Improvement Intervention
2J	Group CBT Maj Dep	Group CBT for Major Depression
2K	IMPACT-MHIP	Improving Mood-Promoting Access to Collaborative Treatment (IMPACT-MHIP)
2L	Incredible Years	Incredible Years (IY)
2M	IPT Depression	Interpersonal Psychotherapy for Depression (IPT)
2P	Multidim Fam Ther	Multidimensional Family Therapy
2R	PCIT	Parent-Child Interaction Therapy (PCIT)
2T	Prolong Exps PTSD	Prolonged Exposure for PTSD (PE-PTSD)
2V	Strengthen Famili	Strengthening Families
2W	Trauma Foc CBT	Trauma Focused CBT (TF_CBT)
2Y	Triple P	Triple P Positive Parenting Program
2Z	PATHS	Promoting Alternative Thinking Strategies (PATHS)
3B	Caring Our Famili	Caring for Our Families
3D	GLBT Champs	GLBT Champs
3E	LIFE Program	Loving Intervention for Family Enrichment (LIFE) Program
3L	Reflect Parenting	Reflective Parenting Program
3M	UCLA Ties	UCLA Ties Transition Model
3P	Mindful Parenting	Mindful Parenting
4A	ART-Aggress Replc	Aggression Replacement Training (ART)
4B	Altrnatv for Fmly	Alternatives for Families/Abuse Focused CBT (AF-CBT)
4D	CORS-Crisis Recov	Crisis Oriented Recovery Services
4E	EDIPP	Early Detection and Intervention for the Prevention of Psychosis (EDIPP)
4K	MAP-Mng Adap Prac	Managing and Adapting Practice (MAP)
4N	Seeking Safety	Seeking Safety
4R	FOCUS	Families Over Coming Under Stress
7A	START	School Threat Assessment Response Team (START)
7B	Stigma-Discrim	Stigma and Discrimination

EVIDENCE-BASED PRACTICES / SERVICE STRATEGIES/PEI SERVICES (con't)

Evidence-Based Practices (EBPs): Only One EBP Code May Be Selected (Con't)

Code	Code Abbrv.	Code Name
7C	Suicid Prev Hotln	Suicide Prevention Hotline
7E	HlthCarePtnr+60	Health Care Partners +60
7C	Suicid Prev Hotln	Suicide Prevention Hotline
7D	PC Latina Youth	Pacific Clinic's Latina Youth Program
7E	HlthCarePtnr+60	Health Care Partners +60
7F	Suicide Prev Spec	Suicide Prevention Specialist Team
7G	OA Primary Care	Older Adult Primary Care Partnership
7H	Prtnr Hosp Aftrcre	Partnership with Hospitals for aftercare
7J	Surviv Supp Grp	Support Group for Survivors and Bereaved
7K	Trng Comm Partner	Training Community Partners
7L	Prtnr Law Enforce	Partnerships with Law Enforcement and First Responders
7M	Onlin Suicde Prev	Distant and On-Line Learning for Suicide Prevention
7N	SchBase MH PEI OE	School-based Targeted MH Prevention and Early Intervention–Outreach & Engagement
7P	PEERS	PEERS – Embracing Empowerment and Resilience Support Network
7Q	ESI - MH Consult	Early Screening, Identification and Mental Health Consultation
7R	Prtnr Student Ach	Partners in Student Achievement

Service Strategies

Code	Code Abbrv.	Code Name
50	SS Peer &/or Fam	Peer and/or Family Delivered Services
51	SS Psy/Edu	Psychoeducation
52	SS Fam/Sup	Family Support
53	SS Sup/Edu	Supportive Education
54	SS Ptnr LawEnf	Delivered in Partnership with Law Enforcement (includes courts, probation, etc.)
55	SS Ptnr HlthCare	Delivered in Partnership with Health Care
56	SS Ptnr SocSvcs	Delivered in Partnership with Social Services
57	SS Ptnr SubAbuse	Delivered in Partnership with Substance Abuse Services
58	SS Integ Aging	Integrated Services for Mental Health and Aging
59	SS Integrated DD	Integrated Services for Mental Health and Developmental Disability
60	SS Eth-Spc.	Ethnic-Specific Service Strategy
61	SS Age-Spc.	Age-Specific Service Strategy

For instructions regarding the use of the codes and appropriate combinations of codes, please go to the following link: http://dmh.lacounty.gov/hipaa/CR48.html

Note:

- For the purposes of this document, EBPs will also include Community-Defined Evidence (CDE), Promising/Pilot Practices (PP) and Other and is categorized as a Program.

APPENDIX B

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS GUIDE TO CORE INTERVENTIONS

Core Interventions are those services intrinsic to the delivery of expected outcomes for each of the PEI programs. To be eligible for PEI services the client must meet the PEI population as specified in Los Angeles County's PEI Plan. It is expected that EBP Core Interventions be delivered by staff trained in the EBP for which interventions are being provided. Services not core to the PEI program may be provided on a short-term basis to meet emergent client needs.

All service delivery must adhere to the Scope of Practice/Rendering Provider Guidelines in the most recent version of *A Guide to Procedure Codes for Claiming Mental Health Services* which is available on the County of Los Angeles Department of Mental Health website.

PEI Claiming Guidelines: Please select one PEI EBP and up to two Service Strategies (if Service Strategies are applicable) and the procedure code which corresponds to the service claimed. Under these PEI Claiming Guidelines, 00 (no EBP) should not be selected when claiming to the PEI Plan.

PEI Program	Core Interventions	Procedure Codes
AF-CBT (Alternatives for Families: A Cognitive Behavioral Therapy)	Assessment Collateral Family Psychotherapy Group Psychotherapy Individual Psychotherapy Interactive Group Psychotherapy Interactive Psychotherapy (*Individual-play*)	90801, 90802 90887 90847 90853 H0046, 90804, 90806, 90808 90857 H0046, 90810, 90812, 90814
ART (Aggression Replacement Training)	Assessment Collateral Group Psychotherapy Group Rehabilitation Individual Psychotherapy *(To "make up" a missed group session)* Individual Rehabilitation Service *(To "make up" a missed group session)* Interactive Group Psychotherapy Interactive Psychotherapy (*Individual-play*)	90801, 90802 90887 90853 H2015 H0046, 90804, 90806, 90808 H2015 90857 H0046, 90810, 90812, 90814
BST (Brief Strategic Family Therapy)	Assessment Collateral Family Psychotherapy Individual Psychotherapy Individual Rehabilitation Service Targeted Case Management Interactive Psychotherapy (*Individual-play*)	90801, 90802 90887 90847 H0046, 90804, 90806, 90808 H2015 T1017 H0046, 90810, 90812, 90814
CAPPS (Center of Assessment and Prevention of Prodromal States)	Under Development	Under Development
CBITS (Cognitive Behavioral Intervention for Trauma in Schools)	Assessment Collateral Group Psychotherapy Individual Psychotherapy Individual Rehabilitation Service *(For the purpose of administering the developer - specified For PTSD Screening Tool)* Interactive Group Psychotherapy Interactive Psychotherapy (*Individual-play*)	90801, 90802 90887 90853 H0046, 90804, 90806, 90808 H2015 90857 H0046, 90810, 90812, 90814
CBT (Cognitive Behavioral Therapy)	Assessment Collateral Family Psychotherapy Group Psychotherapy Individual Psychotherapy Targeted Case Management	90801, 90802 90887 90847 90853 H0046, 90804, 90806, 90808 T1017
CFOF (Caring for Our Families)	Assessment Collateral Family Psychotherapy Group Psychotherapy Group Rehabilitation Individual Psychotherapy Individual Rehabilitation Interactive Group Psychotherapy Interactive Psychotherapy (*Individual-play*) Targeted Case Management	90801, 90802 90887 90847 90853 H2015 H0046, 90804, 90806, 90808 H2015 90857 90810, 90812, 90814 T1017

REVISED: 06-18-2012 Procedure Codes

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS GUIDE TO CORE INTERVENTIONS

PEI Program	Core Interventions	Procedure Codes
CORS (Crisis Oriented Recovery Services)	Assessment Collateral Family Psychotherapy Group Psychotherapy Individual Psychotherapy Interactive Group Psychotherapy Interactive Psychotherapy (*Individual-play*) Targeted Case Management	90801, 90802 90887 90847 90853 H0046, 90804, 90806, 90808 90857 H0046, 90810, 90812, 90814 T1017
CPP (Child Parent Psychotherapy)	Assessment Collateral Crisis Intervention Family Psychotherapy *(Joint parent-child)* Individual Psychotherapy Individual Rehabilitation Service *(Concrete assistance with activities daily living)* Interactive Psychotherapy *(Individual-play)* Targeted Case Management	90801, 90802 90887 H2011 90847 H0046, 90804, 90806, 90808 H2015 H0046, 90810, 90812, 90814 T1017
DBT (Dialectical Behavior Therapy)	Assessment Collateral Crisis Intervention Family Psychotherapy Group Psychotherapy Individual Psychotherapy Targeted Case Management Team Consultation	90801, 90802 90887 H2011 90847 90853 H0046, 90804, 90806, 90808 T1017 H0032
DTQI (Depression Treatment Quality Improvement Intervention)	Assessment Collateral Group Psychotherapy Individual Psychotherapy Targeted Case Management	90801, 90802 90887 90853 H0046, 90804, 90806, 90808 T1017
FFT (Functional Family Psychotherapy)	Assessment Collateral Family Psychotherapy	90801, 90802 90887 90847
FOCUS (Families Overcoming Under Stress)	Assessment Collateral Family Psychotherapy Individual Psychotherapy Individual Rehabilitation Service Targeted Case Management	90801, 90802 90887 90847 H0046, 90804, 90806, 90808 H2015 T1017
GLBT (GLBT CHAMPS: Comprehensive HIV & At-Risk Mental Health Services)	Under Development	Under Development
Group Cognitive Behavioral Therapy of Major Depression	Assessment Group Psychotherapy Individual Psychotherapy (*To "make up" a missed group session*)	90801, 90802 90853 H0046, 90804, 90806, 90808
IPT (Interpersonal Psychotherapy for Depression)	Assessment Family Psychotherapy Group Psychotherapy Group Rehabilitation Individual Psychotherapy Individual Rehabilitation Service Interactive Group Psychotherapy Interactive Psychotherapy (*Individual-play*)	90801, 90802 90887 90853 H2015 H0046, 90804, 90806, 90808 H2015 90857 H0046, 90810, 90812, 90814
IY (Incredible Years)	Assessment Collateral Group Psychotherapy	90801, 90802 90887 90853
LIFE (Loving Intervention Family Enrichment Program)	Assessment Collateral Group Psychotherapy Group Rehabilitation (Family and Non-Family) Interactive Group Psychotherapy Multi-family Group Psychotherapy Team Conference/Case Consultation	90801, 90802 90887 90853 H2015 (HE, HQ) 90857 90849 H0032

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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS GUIDE TO CORE INTERVENTIONS

PEI Program	Core Interventions	Procedure Codes
MAP (Managing & Adapting Practice)	Assessment Collateral Family Psychotherapy Group Psychotherapy Group Rehabilitation Services Individual Psychotherapy Interactive Group Psychotherapy Interactive Psychiatric Diagnostic Interview Interactive Psychotherapy (*Individual-play*) Individual Rehabilitation Services Multi-family Group Psychotherapy Targeted Case Management Team Conference/Case Consultation	90801, 90802 90887 90847 90853 H2015 H0046, 90804, 90806, 90808 90857 90802 H0046, 90810, 90812, 90814 H2015 90849 T1017 H0032
MDFT (Multidimensional Family Therapy)	Assessment Collateral Family Psychotherapy Individual Psychotherapy Targeted Case Management Plan Development (Formerly known as TeamConference/Case Consult)	90801, 90802 90887 90847 H0046, 90804, 90806, 90808 T1017 H0032
MHIP (Mental Health Integrated Program)	**Tier 2** Assessment Collateral Crisis Intervention Individual Psychotherapy No contact-Report Writing Targeted Case Management Plan Development	 90801,90802 90887 H2011 H0046, 90804, 90806, 90808 90889 T1017 H0032
	Community Partners (CP's) Only CP's providing HWLA collaborative health/mental services	 H2016
MPG (Mindful Parenting Groups)	Assessment Multi-family Group Psychotherapy	90801, 90802 90849
MST (Multisystemic Psychotherapy)	Assessment Collateral Family Psychotherapy Targeted Case Management	90801, 90802 90887 90847 T1017
PATHS (Promoting Alternative Thinking Strategies)	Assessment Group Psychotherapy Group Rehabilitation Interactive Group Psychotherapy Targeted Case Management Team Conference	90801, 90802 90853 H2015 90857 T1017 H0032
PCIT (Parent-Child Interaction Therapy)	Assessment Collateral Family Psychotherapy	90801, 90802 90887 90847
PE (Prolonged Exposure Therapy for Posttraumatic Stress Disorder)	Assessment Individual Psychotherapy Individual Rehabilitation Services	90801, 90802 H0046, 90804, 90806, 90808 H2015
PEARLS (Program to Encourage Active, Rewarding Lives for Seniors)	Assessment Individual Psychotherapy Individual Rehabilitation Services Plan Development Targeted Case Management	90801, 90802 H0046, 90804, 90806 H2015 H0032 T1017
PST (Problem Solving Treatment)	Under Development	Under Development
Reflective Parenting Program	Assessment Collateral	90801, 90802 90887
Seeking Safety	Assessment Family Psychotherapy Group Psychotherapy Group Rehabilitation Services Individual Psychotherapy Individual Rehabilitation Service Targeted Case Management	90801, 90802 90847 90853 H2015 H0046, 90804, 90806, 90808 H2015 T1017
SFP (Strengthening Families Program)	Assessment Group Rehabilitation	90801, 90802 H2015

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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS GUIDE TO CORE INTERVENTIONS

PEI Program	Core Interventions	Procedure Codes
TF-CBT (Trauma Focused Cognitive Behavioral Psychotherapy)	Assessment Collateral Family Psychotherapy *(Referred to as conjoint in TF-CBT model)* Individual Psychotherapy Interactive Psychotherapy (*Individual-play*)	90801, 90802 90887 90847 H0046, 90804, 90806, 90808 H0046, 90810, 90812, 90814
Triple P Level 4 Standard/Standard Teen (Positive Parenting Program)	Assessment Collateral	90801, 90802 90887
Triple P Level 4 Group (Group Positive Parenting Program)	Assessment Collateral - Individual or Group *(Per Facilitator's Manual for Group Triple P)* Multi-family Group Psychotherapy (*For group of parents*) *(This service can only be claimed by staff trained in Level 4 Group Triple P)*	90801, 90802 90887 90849
Triple P Level 5 Pathways	Assessment Collateral *(For individul or group of parents)* Multi-family Group Psychotherapy *(For group of parents)*	90801, 90802 90887 90849
Triple P Level 5 Enhanced	Assessment Collateral	90801, 90802 90887
UCLA TTM (UCLA Ties Transition Model)	Assessment Collateral Family Psychotherapy Group Psychotherapy Individual Psychotherapy Interactive Psychiatric Assessment Interactive Group Psychotherapy Interactive Psychotherapy *(Individual-play)* Multi-family Group Psychotherapy Targeted Case Management Plan Development	90801 90887 90847 90853 H0046, 90804, 90806, 90808 90802 90857 H0046, 90810, 90812, 90814 90849 T1017 H0032

*** Agencies interested in providing Psychological Testing as a PEI Ancillary Service should contact their Lead District Chief.**

This Guide, prepared by DMH, lists and defines the compliant codes that the DMH believes reflects the services it provides throughout its system, whether by directly-operated or contracted organizational providers or individual, group, or organizational network providers. This analysis does not, however, absolve Providers, whether individuals or agencies from their responsibility to be familiar with nationally compliant codes and to inform and dialogue with the DMH should they believe differences exist.

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APPENDIX C

Service Area/Local Quality Assurance Liaisons

Service Area/Local Quality Assurance Liaisons

Service Area 1		
Debra Berzon-Leitelt	(661) 223-3806	DBerzon-Leitelt@dmh.lacounty.gov
Service Area 2		
Kimber Salvagio, (Adults)	(818) 610-6722	KSalvagio@dmh.lacounty.gov
Michelle Rittel, (Children)	(213) 739-5526	MRittel@dmh.lacunty.gov
Service Area 3		
Greg Tchakmakjian	(213) 739-5442	GTchakmakjian@dmh.lacunty.gov
Service Area 4		
Anahid Assatourian	(213) 738-3478	AAssatourian@dmh.lacounty.gov
Service Area 5		
Monika Johnson	(310) 482-6609	MoJohnson@dmh.lacounty.gov
Service Area 6		
Kimberly M. Spears	(323) 290-5824	KSpears@dmh.lacounty.gov
Service Area 7		
Lupe Ayala	(562) 402-0688	LAyala@dmh.lacounty.gov
Service Area 8		
Ann Lee	(562) 435-3027	Alee@dmh.lacounty.gov
Aelyen Yoon, Harbor/UCLA	(310) 519-6210	AYoon@dmh.lacounty.gov
County-wide Children's		
Lisha Singleton	(213) 739-5586	LSingleton@dmh.lacounty.gov
Juvenile Justice		
Gail Blesi, Juvenile Justice	(213) 351-5220	GBlesi@dmh.lacounty.gov